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ARIZONA	STATE BOARD OF HEALTH State File No. 13
	REAU OF VITAL STATISTICS Registered No
	DARD CERTIFICATE OF WIRTH
M: V	ariana
County / WW	State
	on VIII age C. OO. young, aryona.
District or Township	I dilicali and
city // Wamm No. To	occurred in a hospital or institution, give its NAME instead of street and number)
() (in the) If child is not yet named, make
2. Full name of child WCC / WW	CL (TMOOW) supplemental report, as directed.
Sex of Child To be answered ONLY) 4. Twin,	triplet or other 6. Legitimate 1 7. Dato Mail 15 - 1932
" // lin event of plural "	n order of birth Yla of birth Month Day Year
emall births.) 8. No., 11	1 VOINTER !
8. FATHER	
Full name albert taulas (1)	Pull maiden name all of Hadys / Hascoch
	/// //
9. Residence / Your	15. Residence (Usual place of abode)
(Usual place of abode)	If non-resident, give place and state.
If non-resident, give place and state.	Tours
10. Color or race	16, Color or race
11. Age at last birthde	(Years) AM.O. 17. Ago at last birthday(Years)
Cauc.	To the
Wuran Wuran	Al 18. Birthplace (city or place)
12. Birthpiace (city of hate)	(State or country)
(State or country)	1-00-
13. Occupation	19. Occupation
6D. t.	Nature of Industry
Nature of Industry (Cloth Clan	(a) Born alice and now living D. 21. Were precautions taken against oph-
20. Number of children of this mother	(a) Born alive and now living the state of t
Traken as of time of birth of child herein ?	(c) Stillborn
	OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this ch	itd, who was law all all at mon the date above stated.
"When there was no attending physician or midwife, then the father, householder, Sis	mature 04/10 11), 10/1000 111, 10
Late "hauld make this return. A stillborn ?	18
shild is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwite.)
diam name added from	Address / Wame, wayou.
a supplementl report. Month, day, year	
	Filed June 216 32. Co. Co. Car Registrar.
Registrar.	
16, 5100	(1.7) (7)

each in order of birth

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